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To: cosivio@who.ch
cc: jsl@mail.rockefeller.edu
Subject: FW: WHO Book - Second Edition of Health Aspects of Chemical and Biological Weapons
XDate: Wed, 23 May 2001 08:40:08 +0200
Date: Thu, 24 May 2001 16:26:23 -0400
From: Joshua Lederberg <jsl@j110.rockefeller.edu>

I was glad to receive that print, and to have a chance to read it the last 2 days.

You have done a very careful, well-thought out analysis; and I particularly congratulate your very delicate handling of controversial issues like Agent Orange and the "Gulf War Syndrome; though I'd be the first to insist we know too little of nerve gas' chronic CNS effects.

The only topic we might want to discuss, and perhaps you've defacto taken it into account is the paradoxical consequence of public education: that it may advertise opportunities and vulnerabilities to mischief makers and thereby inspire just what we want to prevent!

--- I have only the minissimal comment on text:

2:44 Has the US accepted that tear gas is prohibited under CWC?

4:32 preventative -- you mean preventive

13:31 "Lieber Code" --- I'd suggest you include an explanation or citation? Was it confined to America? Cf St Petersburg.

48: table. I'm struck that "Variola Major" and monkeypox are there, but not Variola minor.

71: re-aerosolization. (Do I want to disseminate this information)? but subway systems may be a major exception.

"Not a significant problem" -- probably true in relative terms; but what will be our standards of safety and reassurance for once- contaminated sites, buildings, ... You pick this up at 72:17.

72:35 improvised filters. Some protection, yes, probably not much (sideflow leakage!)

73:1-2 smallpox vaccine: Henderson thinks this may also influnce course of disease post-exposure.

80:36 Tokyo: Were many ambulatory patients sick enough to need treatment? Were any ambulatory patients known to have contaminated caretakers? It seems unlikely they'd be well enough to travel if they were also so contaminated. Might be more applicable to mustard than to nerve agents.

The Japanese hospitals were unusually well prepared! Will any Japanese admit that the hospitals may have been alerted to stock antidotes?

Joshua